

## AGENDA

- Program Updates
  - Partnership Access Line consultations
  - Quality improvement review tasks in EMWS
  - Upcoming provider reimbursement rate reduction
  - Specialized Equipment - Items of general use
  - Guardian mailing information
  - Participant-directed employee requirements
  - Services must remain within the individual budget amount
  - January Provider Support Call - Case Management Services
- Monthly Training Session - Case Management Monthly Review Form

## TOPICS

### Partnership Access Line (PAL) consultations

The Partnership Access Line (PAL) is available to support Wyoming licensed medical professionals who have questions about mental health care such as diagnostic clarification, medication adjustment, or treatment planning for children and participants of the Comprehensive and Supports Waivers (DD Waivers). The licensed medical professional who prescribes medications to treat a behavioral condition must participate in the consultation in order for the consultation to be considered valid for the purposes of an Extraordinary Care Committee request. It is imperative that PAL consultations are conducted with the prescribing medical professional present. For guidance on how to request a PAL consult, please refer to the PAL Consultation Process document, which can be found on the [Forms and Document Library](#) page of the Division website under the *References/Tools* tab. You can also contact your county assigned Benefits and Eligibility Specialist (BES) for additional information.

### Quality improvement review tasks in EMWS

If an individualized plan of care (IPC) fails a quality improvement review (QIR), the case manager will receive a *Failed QIR* task in the Electronic Medicaid Waiver System (EMWS), along with an explanation of the changes that must be made to the IPC in order for it to come into compliance with Medicaid Rules. Case managers must not acknowledge the task until the requested changes have been made to the IPC. Once the IPC has been updated, the task in EMWS may be acknowledged.

### Upcoming provider reimbursement rate reduction

On December 16, 2020, the Division sent a detailed email with information about the upcoming provider reimbursement rate reductions. Included in that email was a Frequently Asked Questions (FAQs) document, a sample letter that was sent to participants and legally authorized representatives, and a process flow sheet. Please read the email and the information within the attachments to ensure understanding of the changes that will take place in February.

### Specialized Equipment - Items of general use

Chapter 44, Section 6(e)(iii) specifically states that items of general use shall not be covered under specialized equipment. The Division considers corrective lenses such as eyeglasses and contact lenses to be items of general use and, accordingly, not eligible to be covered under specialized equipment services.

Effective immediately, the Division will not allow corrective lenses to be purchased through specialized equipment services. To help alleviate any inconvenience this decision has caused, the Division has compiled a list of other resources that may be available to participants. This list is available on the [Contacts and Important Links](#) page of the Division website, under the *Outside Resources* toggle.

As a reminder, it is the case manager's responsibility to read and ensure understanding of the Department of Health's Medicaid Rules and the guidelines in the Comprehensive and Supports Waiver Service Index (Service Index), including the requirements for a specialized equipment request and what is allowable under this service. Please do not submit IPCs or modifications that include specialized equipment if you are not sure that the equipment meets the criteria. These IPCs will be subject to a quality improvement review and if specialized equipment that doesn't meet criteria is included, you will be required to remove the service from the IPC. If this service has already been billed, the provider will be required to pay the State of Wyoming back for the money that was received for this service.

### **Guardian mailing information**

Pursuant to Chapter 45, Section 9(d) of the Department of Health's Medicaid Rules, case managers shall assure that all information, including but not limited to guardianship paperwork and the physical and mailing addresses of the participant, legally authorized representatives, and other contacts is updated and accurate at all times. If a participant has a legally authorized representative, the legally authorized representative's mailing address must be listed in EMWS. This is necessary to ensure that the legally authorized representative receives information sent by the Division. Please review your caseloads to ensure that all contact information is up-to-date, and be sure to update contact information as it changes..

### **Participant-directed employee requirements**

If a participant chooses to direct their services through participant-direction, the case manager is responsible for assisting the participant and employer of record (EOR) with enrollment in participant-direction and completion of employee paperwork. Case managers are also responsible for monitoring the services of the Financial Management Service (ACES\$) utilized by the participant in accordance with the approved waiver. In accordance with Chapter 45, Section 31(e), a relative provider, spouse, or legally authorized representative shall not be hired to provide services through self-direction. When assisting employers of record with enrolling employees, please ensure that Medicaid rules are followed.

### **Services must remain within the individual budget amount**

As indicated in the Service Index, all services included in an IPC must fit within the IBA assigned to the participant. As of February 1, 2021, requests for funds that exceed the IBA to pay for environmental modifications, specialized equipment, supported employment, or crisis intervention will not be reviewed by the Extraordinary Care Committee.

### **January Provider Support Call - Case Management Services**

The Division is developing a training series that provides a comprehensive explanation of Chapter 45 of the Department of Health's Rules. The series is separated into modules that detail the content of specific Rule sections and the provider's role in complying with the section that is presented. These are currently being presented during the Provider Support Calls that occur on the last Monday of each month. Modules that have already been presented are available on the [Training](#) page of the Division website, under the *Provider Training Series* toggle.

Case managers are considered providers, and must adhere to the rules established in Chapter 45. Although all of the training modules apply to case managers, Section 9 specifically addresses case management services. This Case Management Services module will be presented during the Provider Support Call scheduled for Monday, January 25th, at 2:00PM. The Division strongly recommends that all case managers attend this call, or at the very least view the training once it is posted to the website.

### **WRAP UP**

***Next call scheduled for February 8, 2021***